MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1246)

CERTIFICATE OF DEATH

10670 Reg. Dist. No. 192

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I

VS A15 9-45-15

1. PLACE OF DEATH:
County Howard
City or town West Friendships
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Howard
City or town West Friendships
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME William H Atkinson

3. (b) Social Security Number —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	married

6.(b) Name of husband or wife Rosa Atkinson
6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 28 1872

8. AGE: Years	Months	Days	If less than one day
74	4	6	hrs. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual occupation Farmer
11. Industry or business —

MOTHER FATHER
12. Name Edward Atkinson
13. Birthplace md.

MOTHER
14. Maiden name Laura Young
15. Birthplace md.

16. Informant Mrs. Rosa Atkinson
Address West Friendships Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof 10-7-46 (month) (day) (year)
Cemetery or crematory Mt. View
Location Alpha Md
18. Funeral director J.C. Higinbothom
Address Ellicott City Md
19. 10-7-46 (Date rec'd by registr.) 1946 Alice M. Hobbs Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 4 1946, at 1 45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 7 1946 to Oct 2 1946 and that I last saw him alive on Oct 2 1946

Immediate cause of death	DURATION
Cachexia	2 weeks
Due to Cirrhosis of the liver	1 year
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings of operations cirrhosis of the liver Date of op. 8-25-46
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Charles S. Whitaker M.D.
M. D. or other
Address Clarksville, Md Date signed 10-6-46

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (40)

CERTIFICATE OF DEATH

10671

Reg. Dist. No. 194

1. PLACE OF DEATH:
County: Howard Co.
City or town: Glenwood
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 75 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Howard
City or town: Glenwood
(If outside city or town limits, write RURAL and give nearest town)
Street No. —
(If rural, give LOCATION)
2.(a) If veteran, name war —

3. (a) FULL NAME: Charles Perry Campbell Sr.

3. (b) Social Security Number: 220-05-4827

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6.(b) Name of husband or wife: Bertie M. Campbell
6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): October 1, 1871.

8. AGE: Years 75 | Months — | Days 15 | If less than one day: hrs. min.

9. Birthplace: Daisy, Howard Co., Md.
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business: Farming

FATHER — 12. Name: Thomas J. Campbell
FATHER — 13. Birthplace: Maryland.

MOTHER — 14. Maiden name: Unknown
MOTHER — 15. Birthplace: Unknown

18. Informant: Mrs. Charles P. Campbell Jr.
Address: Ellicott City, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 10/19/46. (month) (day) (year)
Cemetery or crematory: Oak Grove Cemetery
Location: Glenwood, Md.

18. Funeral director: Easton Sons
Address: Ellicott City, Md.

19. Oct 17 1946 (Date rec'd by registrar) Marie G. Whitaker Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 16 1946, at 2 00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 14 1946, to October 15 1946, and that I last saw him alive on October 15 1946.

	DURATION
Immediate cause of death: Acute cardiac failure	24 hours
Due to: Coronary occlusion	3 days
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Charles S. Whitaker, M.D.
M. D. or other
Address: Clarksville, Md. Date signed 10/17/46

M

MARGIN RESERVED FOR BINDING

I

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (31-a)

10672

CERTIFICATE OF DEATH

Reg. Dist. No. 173

1. PLACE OF DEATH:
County: Howard
City or town: Cooksville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Howard
City or town: Cooksville
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: Margaret Ellen Cauthorn

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6.(b) Name of husband or wife
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): April 7, 1862

8. AGE: Years: 84 Months: 6 Days: 11 If less than one day: hrs. min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: Housework

11. Industry or business: Home

FATHER
12. Name: Pearson Tyler Cauthorn
13. Birthplace: Essex Co Va.

MOTHER
14. Maiden name: Elizabeth Wayman
15. Birthplace: Balto. Co Md.

16. Informant: Mr. Charles Cauthorn
Address: Cooksville Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 22, 1946 (month) (day) (year)
Cemetery or crematory: Harmony Cemetery
Location: Cooksville, Howard Co., Md.

18. Funeral director: C. Harry Wise
Address: Lyksville, Md.

19. Oct 19 1946 (Date rec'd by registrar) E. Paul Warner Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 18 1946 at 11:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 18 1946, to Oct 18 1946
and that I last saw h... alive on at no time 19...

Immediate cause of death	DURATION
Cerebral hemorrhage	10 min
Due to: Hypertension	
Cardio vascular Renal	20 yrs
Due to: Disease	
Other conditions: None	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Alpha N. Herbert M.D.
DEPUTY MEDICAL EXAMINER OF HOWARD COUNTY M. D. or other
Address: Ellicott City Md Date signed 10-18-48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10073

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH:
County: Howard
City or town: Ellicott City
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 1 week
Hospital, Institution, or street address where death occurred: Waterloo Rd
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Baltimore
City or town: Halethorpe 27
(If outside city or town limits, write RURAL and give nearest town)
Street No. 1201 Park Ave
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Mary Rosella Christian

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife: Thos. W. Christian
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): June 4, 1862

8. AGE: Years	Months	Days	If less than one day
84	4	10	hrs. min.

9. Birthplace: Ashland Howard Co Md
(Town, county, and state)
10. Usual occupation: at home
11. Industry or business
MOTHER FATHER
12. Name: Daniel F Whipps
13. Birthplace: Md.
MOTHER
14. Maiden name: Mary Brown
15. Birthplace: Md.
16. Informant: Mrs Raymond Curtis
Address: Ellicott City Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof 10-17-46 (month) (day) (year)
Cemetery or crematory: Trinity
Location: Pfeffers Corner
19. Funeral director: J C. Higinbothom
Address: Ellicott City Md
18. Oct 16, 1946 John B. Leughman Jr. Registrar
(Signature of Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 14 1946, at 11 30 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1946, to Oct 14 1946
and that I last saw her alive on Oct 14 1946

	DURATION
Immediate cause of death: Apoplexy	2 da.
Due to: Hemiplegia	
Due to: arterial hypertension 3 yr.	
Due to: General arteriosclerosis	
Other conditions: Senility	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: C. B. Brumbaugh M. D. or other
Address: 1609 main st Elkridge Md Date signed: 10/15/46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-25-1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-7)

CERTIFICATE OF DEATH

10074

Reg. Dist. No. 192.

1. PLACE OF DEATH:

County: Howard

City or town: West Friendship

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 25 years

Hospital, Institution, or street address where death occurred:

How long in hospital or Institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Howard

City or town: West Friendship

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Robert Dennis Enos

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Married

6.(b) Name of husband or wife: Ora Lee Wilcox

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Sept. 26, 1866

8. AGE: Years	Months	Days	If less than one day
80	1	1	..... hrs. ..... min.

9. Birthplace: Md. (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business

FATHER — 12. Name: Hiram Enos

13. Birthplace: Md.

MOTHER — 14. Maiden name: Mary Elizabeth Boyer

15. Birthplace: Md.

16. Informant: Mrs. Ora L. Enos

Address: West Friendship, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct 29 1946 (month) (day) (year)

Cemetery or crematory: Wards Chapel Cemetery

Location: Liberty Rd., Balto Co., Md.

18. Funeral director: C. Harry Weer

Address: Lykesville, Md.

19. Oct 28 1946 (Date rec'd by registrar) Alice A. Hobbs Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 27 1946, at 2:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 21 1946, to Oct. 23 1946, and that I last saw h.. alive on Oct. 23 1946

Immediate cause of death	DURATION
Cachexia	1 month
Due to: Carcinoma of the stomach	15 years
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Charles S. Whitaker, M.D. (M. D. or other)

Address: Clarksville, Md. Date signed: 10/28/46

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45.15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (937)

CERTIFICATE OF DEATH

10075

Reg. Dist. No. 191

1. PLACE OF DEATH:

County Howard

City or town Ellicott City

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Howard

City or town Ellicott City

(If outside city or town limits, write RURAL and give nearest town)

Street No. Frederick Road

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Rachel Fuller

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	C	Single

6.(b) Name of husband or wife —

6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1889

8. AGE: Years 57 | Months ? | Days ? | If less than one day ... hrs. ... min.

9. Birthplace Maryland. (Town, county, and state)

10. Usual occupation at home

11. Industry or business

FATHER 12. Name James Fuller

13. Birthplace md.

MOTHER 14. Maiden name Rachel Linn

15. Birthplace md.

16. Informant Mrs. Marcellus Hammond

Address Ellicott City Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 10-8-46 (month) (day) (year)

Cemetery or crematory Pine Orchard

Location Pine Orchard Md

18. Funeral director F.C. Higinbotham

Address Ellicott City, Md

19. Oct. 8, 1946 (Date rec'd by registrar) John B. Loughran. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/4 1946 at 9 50 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10/1 1946 to 10/4 1946

and that I last saw h CR alive on 10/4 1946

Immediate cause of death	DURATION
Hypertensive Cardio Vascular disease	1 year
Due to	
Due to	
Other conditions Hemiplegia	3 days

(Include pregnancy within 3 months of death)

Major findings of operations none Date of op.

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE George E. Burgtorf MD M. D. or other

Address Ellicott City, Md Date signed 10/5/46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 35-e

CERTIFICATE OF DEATH

10076

Reg. Dist. No. 194

1. PLACE OF DEATH:
County Howard
City or town Brookeville (Rural)
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
How long in hospital or Institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Howard
City or town Brookeville (Rural)
(If outside city or town limits, write RURAL and give nearest town)
Street No. R F D 1
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Jacob Francis Gover

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	married

6.(b) Name of husband or wife Ella Gover
6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 11, 1869

8. AGE: Years 76 | Months 9 | Days 28 | If less than one day hrs. min.

9. Birthplace Mary Land (Town, county, and state)
10. Usual occupation Farmer
11. Industry or business

FATHER
12. Name Wm Gover
13. Birthplace Md

MOTHER
14. Maiden name Rebecca Gillis
15. Birthplace Md

16. Informant Mrs Ella Gover
Address Brookeville Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 10-12-46 (month) (day) (year)
Cemetery or crematory Providence
Location Glenelg Md.
18. Funeral director F.C. Higinbothom
Address Ellicott City Md.

19. Oct 10 1946 Maria A. Whitaker
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 9 1946, at 2 9 30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 5 1946 to October 5 1946
and that I last saw him alive on October 8 1946

Immediate cause of death	DURATION
Acute cardiac failure	5 hours
Due to Cardiac decompensation	4 days
Due to Coronary Sclerosis	5 years
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Charles S. Whitaker, M. D.
M. D. or other
Address Clarksville, Md. Date signed 10/11/46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (41)

CERTIFICATE OF DEATH

10077

Reg. Diat. No. 191

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

1. PLACE OF DEATH:

County Howard

City or town Ellicott City Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Howard

City or town Ellicott City
(If outside city or town limits, write RURAL and give nearest town)

Street No. Merriman St
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Laura Annie Gover

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	Widow

6.(b) Name of husband or wife Daniel Gover

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) January 2, 1876

8. AGE: Years	Months	Days	If less than one day
70	9	12	..... hrs. ..... min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation At Home

11. Industry or business

FATHER 12. Name Thos. Shepard

13. Birthplace Md.

MOTHER 14. Maiden name Ruth Ellen Smith

15. Birthplace Md

16. Informant Mrs. Mazie Weaver

Address Ellicott City Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 10-17-46 (month) (day) (year)

Cemetery or crematory Providence

Location Glenelg, Md.

18. Funeral director J. C. Nicholson

Address Ellicott City Md

19. Oct. 16, 1946 (Date rec'd by registrar) John B. Langhman Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 14 1946, at 2:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 1 1946, to Oct 14 1946, and that I last saw h~~e~~ alive on Oct. 14 1946

Immediate cause of death	DURATION
Coronary occlusion	4 wks.
Due to Arteriosclerosis - coronary	
Due to Diabetes Mellitus	10 yrs
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Leon B. Tschiemann M.D.
M. D. or other

Address Ellicott City Md Date signed 10/17/46

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-20

CERTIFICATE OF DEATH

10078 P

Reg. Dist. No. 1910

1. PLACE OF DEATH:
County: Howard
City or town: Harwood Park
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 9 years
Hospital, Institution, or street address where death occurred: No
How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Howard
City or town: Harwood Park
(If outside city or town limits, write RURAL and give nearest town)
Street No.: London Ave
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Rose Emma Harrigan

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6.(b) Name of husband or wife: William H Harrigan
6.(c) If alive, give age: 81 years

7. Birth date of deceased (mo., day, yr.): June 13, 1866

8. AGE:

Years	Months	Days	If less than one day
80	3	25	hrs. min.

9. Birthplace: Rockland Howard Co, Md (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business: Home

FATHER
12. Name: Thomas Jones
13. Birthplace: Howard Co Md.

MOTHER
14. Maiden name: Rosa Bowen Jones
15. Birthplace: —

16. Informant: George M. Harrigan
Address: Harwood Park, Md.

17. (Burial, cremation, or removal. Which?) Burial — Date thereof (month) (day) (year) 10-11-1946
Cemetery or crematory: Holy Cross Cemetery
Location: A.A. Co. Md.

18. Funeral director: Flynn & Fleming
Address: 1426 Light St.

19. (Date rec'd by registrar) 10/9/46 19.. — A. W. Hedrick, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 8 1946, at 4:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 8 19.. 46, to October 8 19.. 46
and that I last saw h.. alive on ~~—~~ at no time - 19..

Immediate cause of death	DURATION
Pulmonary edema	10 mins
Due to: Chronic Myocarditis	10 yrs
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: —
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, Industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Alpha N Hubert, M.D.
DEPUTY MEDICAL EXAMINER OF HOWARD COUNTY M. D. or other
Address: Ellicott City, Md. Date signed: 10-8-46

M

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D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

2

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-2)

CERTIFICATE OF DEATH

1007

Reg. Dist. No. 1910

1. PLACE OF DEATH:

County Howard

City or town Ellicott City Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or Institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Howard

City or town Ellicott City (Rural)

(If outside city or town limits, write RURAL and give nearest town)

Street No. Daniels Road

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Sarah E Mott

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	Widow

6.(b) Name of husband or wife James Mott

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Feb 1864

8. AGE: Years 82 | Months 8 | Days ? | If less than one day ..... hrs. ..... min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation at home

11. Industry or business

FATHER 12. Name Joseph Mars

13. Birthplace England

MOTHER 14. Maiden name Henriette Lilly

15. Birthplace Maryland

16. Informant Mrs. Ervy Hobbs

Address Ellicott City Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11-4-46 (month) (day) (year)

Cemetery or crematory Baltimore Nat.

Location Chester Pa.

18. Funeral director F.C. Hig undertaker

Address Ellicott City Md.

19. Nov 1 1946 (Date rec'd by registrar) John B. Longhorn Per-B.E.L. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 31 1946, at 11 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10/14 1946, to 10/31 1946

and that I last saw her alive on 10/31 1946

Immediate cause of death	DURATION
Arteriosclerotic Cardio-Vascular Disease	5 yr.
Due to	
Due to	
Other conditions Hypertension	3 years

(Include pregnancy within 3 months of death)

Major findings of operation none Date of op.

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE George E. Burdette M.D. M.D. or other

Address Ellicott City, Md. Date signed 11/4/46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (183)

CERTIFICATE OF DEATH

10080

Reg. Diat. No. 193

1. PLACE OF DEATH:
County: Howard
City or town: Parrsville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 hrs
Hospital, Institution, or street address where death occurred: no
How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Carroll
City or town: Mt. Olive
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war: ✓

3. (a) FULL NAME: Harry Ridgely

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Single

6.(b) Name of husband or wife: —

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): July 18, 1890

8. AGE: Years	Months	Days	If less than one day
56	2	19	..... hrs. ..... min.

9. Birthplace: Carroll Co. Maryland.
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business

FATHER
12. Name: Milton Ridgely
13. Birthplace: Maryland

MOTHER
14. Maiden name: Susan Dorsey
15. Birthplace: Maryland

16. Informant: Ada F. Oram
Address: 4418 St. Geo. Ave. Balto. 12. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 10-11-46 (month) (day) (year)
Cemetery or crematory: Mt. Zion
Location: Mt. Airy, Maryland

18. Funeral director: C. M. Watts
Address: Winfield Md

19. 10-11-46 (Date rec'd by registrar) E. Hunt Mayer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 7 1946, at 12:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 7 1946 to October 7 1946 and that I last saw h. ~~in~~ alive on at no time 19..

Immediate cause of death	DURATION
Asphyxiation by Drowning	10 min.
Due to Unconsciousness while lying face down in water after fall when	
Due to fractured skull involving left frontal region	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....

Autopsy results: none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Accident Date of 10-7-46
Where did injury occur? Parrsville Howard Md
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?) Stream & rocks
Means of injury Fall Injured at work? No

23. SIGNATURE: Alpha M. Talbert M. D.
DEPUTY MEDICAL EXAMINER OF HOWARD COUNTY M. D. or other
Address: Ellicott City Md Date signed 10-7-46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83

CERTIFICATE OF DEATH

Reg. Dist. No. 10 195

1. PLACE OF DEATH:
County: Howard
City or town: Jessup Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 50 yrs.
Hospital, institution, or street address where death occurred: Mission Road.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Howard
City or town: Jessup, Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No.: Mission Road.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3. (a) FULL NAME: Sophie Seay

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	Col	Married

6.(b) Name of husband or wife: John J. Seay
6.(c) If alive, give age: 76 years

7. Birth date of deceased (mo., day, yr.): ? - 1871

8. AGE: Years: 75 | Months: ? | Days: ? | If less than one day: ...hrs. ...min.

9. Birthplace: Sykesville, Md.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business:

FATHER
12. Name: John Goins
13. Birthplace:

MOTHER
14. Maiden name: Rachael Clarke
15. Birthplace: Sykesville, Md.

18. Informant: John J. Seay
Address: Jessup, Md. R.F.D.

17. Buried — Date thereof: Nov. 3rd 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory: Guilford
Location: Jessup, R-F-D., Md.

18. Funeral director: Geo. Kelson
Address: 1301 Freeman St., Balto., Md.

19. 10/30/46. 19...
(Date rec'd by registrar)
Registrar: Frank Shipley

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 30th 1946, at 6 a. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 1st 1946 to Oct 30th 1946.
and that I last saw h[illegible] alive on Oct. 29 - 1946.

Immediate cause of death	DURATION
Cerebral Haemorrhage	1 wk.
Due to: Hypertension	3 yr.
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Frank Shipley, M.D.
M. D. or other
Address: Savage, Md. Date signed: 10/30/46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

CERTIFICATE OF DEATH

10682

Reg. Diat. No. 192

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Howard

City or town: West Friendship

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 7 years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Howard

City or town: West Friendship

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Priscilla Elizabeth Selby

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	W	Widowed

6.(b) Name of husband or wife: Joseph Selby

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): July 27, 1862

8. AGE: Years: 84 | Months: 3 | Days: 4 | If less than one day: ..... hrs. ..... min.

9. Birthplace: Md. (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: Home

FATHER

12. Name: Thomas B. Grimes

13. Birthplace: Md.

MOTHER

14. Maiden name: Charity Grimes

15. Birthplace: Md.

16. Informant: Mr. William A. Barrington

Address: West Friendship, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 3, 1946 (month) (day) (year)

Cemetery or crematory: Mt. View Cemetery

Location: Howard Co., Md.

18. Funeral director: C. Harry Weer

Address: Lyksville, Md.

19. Nov. 2 1946 (Date rec'd by registrar) Alice M. Hobbs, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 31 19 46, at 2:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1943 19.. to Oct 31 19 46 and that I last saw h.. alive on Oct. 31, 1946 19..

Immediate cause of death	DURATION
Hypertensive cardio-vascular disease with arteriosclerosis	
Due to senility	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: W H Lawson M.D. M. D. or other

Address: Dayton, Md. Date signed: Oct 31, 1946

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 18

CERTIFICATE OF DEATH

* 10183

Reg. Dist. No. 194

1. PLACE OF DEATH:

County Howard

City or town Scaggsville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 yrs. 6 mos.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Howard

City or town Scaggsville

(If outside city or town limits, write RURAL and give nearest town)

Street No. Old Columbia Road

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME George Griffith Welsh

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Widowed

6.(b) Name of husband or wife Clara Jane Welsh

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) December 7, 1865

8. AGE:

Years	Months	Days	If less than one day
81	10	2	..... hrs. ..... min.

9. Birthplace Md. (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Retired

FATHER 12. Name Griffith Welsh

FATHER 13. Birthplace Md.

MOTHER 14. Maiden name Unknown

MOTHER 15. Birthplace Md.

16. Informant Mrs. Louis R. Dorsey

Address Old Columbia Rd. Route 1 Box 209 Laurel Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 13, 1946 (month) (day) (year)

Cemetery or crematory Springfield Cemetery

Location Ellicott City, Md.

18. Funeral director C. Harry Weer

Address Lyksville, Md.

19. Oct 12 1946 (Date rec'd by registrar) Marie C. Whitaker Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 9 1946, at 9 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 2 1946 to October 9 1946

and that I last saw him alive on October 9 1946

Immediate cause of death	DURATION
Acute cardiac failure	3 days
Due to Coronary Sclerosis	5 years
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Charles S. Whitaker M.D. M. D. or other

Address Clarksville, Md. Date signed 10/12/46

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10084

Reg. Diat. No. 191

1. PLACE OF DEATH:
County HOWARD
City or town RURAL - ELLICOTT CITY (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 12 DAYS
Hospital, Institution, or street address where death occurred:
PINEL CLINIC - ELLICOTT CITY
How long in hospital or institution? 12 DAYS

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State MARYLAND County HOWARD
City or town ELLICOTT CITY (If outside city or town limits, write RURAL and give nearest town)
Street No. OLD FREDERICK ROAD (If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME BESSIE I. WOLFE

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
FEMALE	WHITE	WIDOWED

6.(b) Name of husband or wife ALEXANDER
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) FEBRUARY 10th 1877

8. AGE: Years	Months	Days	If less than one day
69	8	4	..... hrs. ..... min.

9. Birthplace LEESBURG VIRGINIA (Town, county, and state)
10. Usual occupation HOUSEWIFE
11. Industry or business
FATHER 12. Name JOSEPH P. TITUS
13. Birthplace VIRGINIA
MOTHER 14. Maiden name ANNA GOODHART
15. Birthplace VIRGINIA
16. Informant MRS. LUTHER ISAACS
Address ELLICOTT CITY MD.
17. BURIAL (Burial, cremation, or removal. Which?) Date thereof 10-17-46 (month) (day) (year)
Cemetery or crematory TRINITY
Location PELEFFERS CORNER. Md.
18. Funeral director F.C. WIGAN BOTHOM
Address ELLICOTT CITY Md.
19. Oct. 16, 1946 (Date rec'd by registrar) John B. Loughman Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH OCTOBER 14th 1946, at 6:00 P.M
21. I CERTIFY that death occurred on the date above stated: that I attended deceased from OCTOBER 2nd 1946, to OCTOBER 14th 1946
and that I last saw h..E.R. alive on OCTOBER 14th 1946

Immediate cause of death	DURATION
MYOCARDIAL INFARCT	16 HOURS
Due to	
Due to	
Other conditions GENERALIZED ARTERIOSCLEROSIS (Include pregnancy within 3 months of death)	

Major findings of operations ..... Date of op. .....
Autopsy results .....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, Industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE Helmut Prager M.D. (M. D. or other)
Address Ellicott City Md. Date signed 10/14/46

VS A15 9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10085

Reg. Dist. No. 191

1. PLACE OF DEATH:

County HOWARD

City or town RURAL - ELLICOTT CITY
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? SINCE MAY 14 1929

Hospital, institution, or street address where death occurred:
PINEL CLINIC, HOWARD COUNTY MD.

How long in hospital or institution? SINCE MAY 14 1929

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State MARYLAND County BALTO CITY

City or town BALTIMORE CITY
(If outside city or town limits, write RURAL and give nearest town)

Street No. 4 W. UNIVERSITY PARKWAY
(If rural, give LOCATION)

2.(a) If veteran, name war ✓

3. (a) FULL NAME HOWARD WOODALL

3. (b) Social Security Number NONE

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
MALE	WHITE	SINGLE

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) DAY + MONTH NOT KNOWN 1877

8. AGE:

Years	Months	Days	If less than one day
68	?	?	..... hrs. ..... min.

9. Birthplace MARYLAND
(Town, county, and state)

10. Usual occupation PAINTER

11. Industry or business

FATHER 12. Name James Woodall

13. Birthplace England.

MOTHER 14. Maiden name MARY E. RATHEE

15. Birthplace VIRGINIA.

16. Informant WM. E WOODALL

Address 802 WHITELOCK STR. BALTO

17. BURIAL (Burial, cremation, or removal. Which?) Date thereof Oct. 31, 1946 (month) (day) (year)

Cemetery or crematory MT. OLIVET CEMETERY.

Location FREDERICK Ave, BALTIMORE, Md.

18. Funeral director EASTON SONS.

Address Ellicott City, Md.

19. Oct. 30, 1946 (Date rec'd by registrar) John D. Loughman Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH OCTOBER 27th 19.46, at 8:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from JANUARY 19.46, to OCTOBER 27th 19.46

and that I last saw h.i.m. alive on OCTOBER 26th 19.46

Immediate cause of death	DURATION
CORONARY OCCLUSION	2 HOURS
Due to	
Due to	
Other conditions DEMENTIA PRAECOX	40 YEARS

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE Helmut Tragen M.D.
M. D. or other

Address Ellicott City, Md. Date signed 10/27/46

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15